

of the child, her previous history, and the condition of her right lung, there can be little doubt that she was of a tubercular diathesis, and that the growth within the cranium was of a tubercular character. I will not venture to speculate on its probable situation. Convulsions, a very common symptom of cerebral tubercle, but not a necessary one, was absent in this case.

Amaurosis, with atrophy of the optic nerves, is not an uncommon result of tumours in different parts of the brain and of the cerebellum, even when these tumours exert no pressure on the nervous structures concerned in vision. The most probable way of accounting for this condition is that suggested by Dr. Brown-Sequard, that by a reflex action the vessels nourishing the optic nerves are excited to undue contraction, the supply of blood is reduced and atrophy ensues.

It is not a common occurrence for tubercle in the brain to undergo retrograde changes, and the disease to be arrested; but MM. Rilliet and Barthez found cretification occurring in two out of thirty-seven cases, and Dr. West observed the same condition once in nineteen cases of cerebral tubercle. That tuberculization of the bronchial and mesenteric glands is *very often* arrested in children there can be no question; indeed I consider it to be of constant occurrence. Nothing is more common than a deposition of tubercle in various organs as a sequel of measles or whooping-cough, and if these cases be properly treated a very large proportion of them recover. That the same may occur in the brain there is no reason to doubt.

In regard to the treatment of this case I do not ascribe the recovery to the use of calomel, but much rather to cod-liver oil and iodide of iron. If a similar case came under my treatment again, I should give cod liver oil, and at the same time resort to counter-irritation. I would give a nutritious diet, and act rather freely on the bowels by calomel and jalap.

(15) Medical Memoirs, Lond.
1864. I.

Cases of Irido-Choroiditis, treated by Division of the Ciliary Muscle, with Remarks on the relative value of this Operation and Iridectomy. By HENRY POWER, Esq., M.B., F.R.C.S., Surgeon to the Royal Westminster Ophthalmic Hospital; Surgeon to, and Lecturer on Physiology and Comparative Anatomy at, the Westminster Hospital.

CASE I.—M. A. K., æt. 61, a fresh-complexioned woman, occupied as a housekeeper at Egham, in Surrey, called upon me on the 16th November, 1860. She stated that, in August of that year, she felt a burning sensation in the globe of the

left eye, and at night, on removing her spectacles the candles were surrounded with a deep red halo. About three weeks ago she had a violent bilious attack accompanied by vomiting, the consequence of eating meat that had been kept too long. The bilious attack commenced on Sunday evening, and on the following day the eye became exquisitely painful. She had medical advice for it, and was ordered leeches, warm poultices, and some medicine, which considerably relieved the pain. On going to bed, sparks and flashes passed before the eye, with waves of alternate light and darkness. Exposure to light did not materially increase the symptoms, but she had violent headache, and soon the dimness of vision became so strongly marked, that she could not see the largest objects. To-day (16th November), she can distinguish the position of the window and the bars of the window-frame, but no object in the room. There is not much present pain in the eye. Her health has been rather "delicate," but she has never had any serious indisposition, nor have the eyes ever been injured, or in any way inflamed, up to the date of the present attack. The conjunctiva of the left eye is muddy, but not much congested. The sclerotic very muddy, the circumcorneal zone of purple redness not very strongly marked, the cornea dim, and somewhat flattened. Aqueous humour distinctly turbid, making the blue iris appear of a greyish tint. Iris widely dilated, not quite circular, and perfectly immoveable. The vitreous humour was too hazy to permit the entrance of the optic nerve to be perceived. After some hesitation, she consented to have the operation for the division of the ciliary muscle performed, which was done on the 19th November. The globe was very tense, and on penetrating the sclerotic, the aqueous humour spirted out with much force. A small portion of the iris was accidentally cut, and protruded through the wound. Three days after the operation I opened the eye; the pupil was slightly elongated transversely, and there was a little blood in the anterior chamber. No improvement in the sight was observable, but she expresses herself greatly relieved by the operation, and more free from pain than for many days past. A few days afterwards, the general health having been in the interim carefully attended to and sustained, it appeared to me that the aqueous humour was clearing, and she was greatly pleased at the continued freedom from pain. I saw no more of her for a month, when on the 5th January, 1861, she called on me again stating that she had been gradually regaining the use of her eye, and she read in my presence No. 4 of Jäger's Test-types.

CASE II.—R. H., æt. 32. Admitted into the Westminster

Ophthalmic Hospital, May 14, 1863, with an attack of acute glaucoma. Is a carpenter by trade, and has been married fourteen years. He appears to be of a nervous temperament, and states that from his boyhood, though leading a steady and temperate life, he has been subject to periodical attacks of violent headache. He has also frequently suffered from carbuncles. His sight has always been imperfect and myopic. About three weeks ago he observed that the flame of a candle was always surrounded by a luminous halo, and, when reading, that the letters quickly became confused and misty. He purchased a pair of glasses, and for a day thought his sight was improved; but even then he was unable to read for more than half an hour at a time, on account of the pain attendant upon their use. For the last week he has been unable to see any objects with the right eye, and can only distinguish light from darkness. With the left eye he can still see to read No. 20 of Jäger's test-types at eighteen inches distance. During the last few days he has experienced severe shooting pains in both eyes, causing him to have restless nights and singularly disagreeable and confused dreams. The subconjunctival and sclerotic vessels are considerably congested in both eyes, but especially in the right, and in both there is a very distinct circumcorneal zone of redness. The cornea of the right eye is hazy. The pupils of both eyes are much dilated, and the irides, which he says are naturally blue, are of greyish or slate-colour. The humours are so turbid that no satisfactory examination can be obtained of the fundus. On the 15th May, I divided the ciliary muscle, after Mr. Hancock's method, in both eyes; he took an opiate at night and slept well. On the following day, being much depressed from the former pain and sleepless nights, he was ordered decoction of cinchona, with a little ammonia, three times a day, and good diet. On the 21st May, having considerably improved in health and spirits in the interval, his eyes were tried with the test-types, when it was found that he could read No. 6 at thirty inches distance with the left eye, and was able to distinguish large objects, as a white deal table, with the right. On the 4th July, he was able to read No. 4 with the left eye, and could distinguish the letters of No. 20 with the right. A few days afterwards, the pupils appearing somewhat dilated and acting sluggishly under the influence of light, I introduced a square of the Calabar bean paper. In half an hour the pupil had contracted to half its former size, and he was then able to read No. 2 with his left, but no improvement took place in the powers of vision of the right. He continued to have the Calabar bean paper placed in the eyes once or twice a week, and a month later stated

that he had been able, on the previous day, to read the leading article of a daily paper without pain or inconvenience.

CASE III.—J. D., æt. 32. Admitted July 31, 1862, with subacute irido-choroiditis in the left eye. The right eye has long been affected, and for the last four months he has been unable to distinguish light from darkness with it. The pupil of this eye is widely dilated, and quite fixed. The left eye began to be painful about five months ago, the sight at the same time beginning to be dim and confused, and he noticed himself that the globe was very hard, and felt as though it would burst. The sclerotic is not remarkably congested, nor is the pupil much dilated. Under the ophthalmoscope, the media are found to be tolerably clear; the optic entrance is cupped, and of a bluish tinge. The retinal veins are of large size and dark colour. He is just able to make his way along the street, but is unable to distinguish men from women. The ciliary muscle was divided the day after his admission; the vitreous was more fluid than usual, and a considerable quantity escaped. The section was also made on the right eye, though with little prospect of success. A week after the operation no improvement had taken place in the right eye, but the sight of the left was found to be much clearer. On the eleventh day after the operation he was able to distinguish men from women at a distance of thirty yards, and a day or two after could tell the time by a watch at sixteen inches. He had never been taught to read, and Jäger's test-types were not, therefore, tried.

CASE IV.—J. W. was admitted into the Westminster Ophthalmic Hospital, January 28, 1863, with chronic irido-choroiditis or choroiditis pigmentosa. He is a farm labourer at Lechlade, in Gloucestershire, and is thirty years old. Eight years ago his vision was perfect with both eyes. The left eye then became dim in the course of a few days, without assignable reason. In the course of the ensuing winter, he noticed a gradual improvement in the sight, but it became worse again in the following summer, when the right also began to be affected, and from that time to the present there has been gradual deterioration of vision, so that for some months past he has performed his ordinary farm work with great difficulty, and has ultimately been compelled to give it up altogether. He has often suffered from sparks and flashes of light, and for a long time past from *muscæ volitantes*. He married early (20), and has had for some years to maintain his wife and three children on his wages (10s. per week); he has rarely had meat to his dinner, and, considering the laborious nature of his work, thinks he has not had sufficient food to keep up his health and strength. At the same time,

he does not look ill-nourished; his face is ruddy and good-humoured, and he says he is regular and temperate in his habits. He complains of great dimness of vision, of pain in the eyes, especially on exerting them even for a short period, of black spots floating before them, and of the distorted appearance which almost every object presents, upright bars or posts appearing inclined from the perpendicular (about 15°), and circular objects, such as a half-crown, appearing as though a third or a fourth of their circumference were cut out, not, however, constantly above or below, and often varying in position, whilst his eyes are fixed upon the piece. He remarks that he has become long-sighted. On giving him Jäger's test-types, he was able to read No. 8 with difficulty, but could only make out the letters of No. 6 with much peering. His sight was not improved by either concave or convex glasses. On examining the left eye with the ophthalmoscope, the optic entrance appeared to be shaded off insensibly, without any line of demarcation, into the adjoining structures. The retinal vessels were not unnatural in size, form, or disposition, except, perhaps, that the arteries were rather smaller than usual. The choroidal vessels were very distinct, of vermilion tint lying upon a dark ground, and with numerous patches of dense black pigment scattered upon its surface, in some instances surrounded with whitish borders. The humours were tolerably clear, and no floating particles could be discovered. The condition of the right eye was essentially similar, but it was in a less advanced stage of disease. One large patch of pigment appeared to occupy the position of the foramen of Sœmmerring. Neither of the globes were extraordinarily tense, though both were resistant of pressure. On the 6th of February, I divided the ciliary muscle; the aqueous humour alone escaped. No pain or discomfort followed the operation. He was placed on full diet, and ordered $\mathfrak{m}\mathfrak{xv}$ of the sesquichloride of iron, and gr. iii of extract of hyoscyamus three times a-day. One month after the operation, March 8, he left the hospital, and he could then read No. 6 of the test-types with his left eye with ease, and, with a pair of concave glasses of 40 inches focus, he was able to read No. 2 with facility at a distance of 12 or 14 inches.

Remarks.—The cases above recorded are examples of the successful issue of Mr. Hancock's operation of dividing the ciliary muscle in cases of acute, sub-acute, and chronic glaucoma and irido-choroiditis. Having had frequent opportunities of comparing the results of this proceeding with the operation of iridectomy in these forms of disease, and as the whole subject may be said to be still under consideration,

I am desirous of expressing the opinion I have formed upon the relative utility of the two operations. There can, I think, be little question that either method may, under certain circumstances, be of extreme service to patients suffering from glaucomatous affections. The high authority of Professor Gräfe and of Mr. Bowman, and the happy effects with which iridectomy has been attended in their hands, would, even if unsupported by other testimony be sufficient to render it an established means of cure for this disease, and might also be supposed to indicate that want of success in other hands was attributable either to improper selection of cases for operation or a want of skill on the part of the operator. On the other hand, I am sure that Mr. Hancock is too faithful and practised an observer to have mistaken or misrepresented the effects of the operation which bears his name. Admitting, therefore, that in cases of true glaucoma both modes of operating may be successful, it seems to me the points for further inquiry are:—1. What are the relative advantages of the two operations; 2. Whether any common principle can be brought out from their comparison and consideration; and 3. What are the particular periods of the disease at which most benefit is likely to accrue from their performance.

If we compare the severity of the two operations, there is no question as to which should bear the palm of superiority, and, if it should be found hereafter that both are equally efficacious modes of treatment, I cannot doubt that Mr. Hancock's method will be most generally employed. In a very large number of Mr. Hancock's operations, both in his own hands, in those of Mr. Hogg and Mr. Rouse, and in mine, where the section has been made tentatively for many different forms of disease, I scarcely recollect to have witnessed any serious consequence that could fairly be considered as a sequence of the operation itself. The mere puncture of the sclerotic, with a clean knife, is but little liable to be followed by inflammation, if due care be subsequently taken; and thus, even if no good be effected, no harm is done, and the patient remains *in statu quo*. With iridectomy the case is widely different. Even when the surgeon is skilful, and the operation goes off smoothly and successfully, that is, when the iris is at once seized by the forceps and drawn out, it is, to say the least of it, a violent operation; the whole plane of the iris is dragged upon; the vessels are torn; and no slight damage done to its delicate structure; whilst, if any difficulty occur in the operation, as in those cases where three or four attempts are made before the iris is pinched up, which may happen even in the most practised hands, or where the forceps, or other instrument, is changed, or where, as may not unfrequently be observed, the

iris breaks away as though made of wet blotting paper, (rendering inadmissible the remarkable improvement in the mode of operating, suggested by Mr. Critchett, of Iriddesis,) the result is almost uniform. More or less hæmorrhage takes place; frequently large loss of the vitreous occurs, and the organ, except in rare instances, and by the fortunate result of subsequent operations, is irretrievably lost. Again, it is acknowledged on all hands that, in cases of acute glaucoma, the earlier operative proceedings are undertaken, the greater the chance of success; and in this point of view I think the division of the ciliary muscle is decidedly superior to iridectomy. Few surgeons, except those who have had special opportunities of observing and practising ophthalmic surgery, would care to undertake the somewhat complicated manipulations of the latter operation, requiring for their successful performance a steady hand, a good assistant, and a perfect knowledge of the anatomy of the parts concerned; whilst, upon the contrary, the simplicity of the former operation is so great, that it may be undertaken and accomplished with safety even by those who are wholly unaccustomed to operate on the eye; and, in case of emergency, no instruments, beyond a small tenotomy knife, or sharp-pointed scalpel, are required. The rapidity with which it can be performed, and the slight amount of pain occasioned, rendering the use of chloroform unnecessary, are also points in its favour.

In regard to the class of cases benefited, I believe them to be the same in both instances; that is to say, that both operations are successful in those cases chiefly, though not perhaps exclusively, in which abnormal tension of the globe of the eye exists. That the good effects resulting from later operations are attributable to the simple relief of intraocular tension, seems to me unquestionable, on the following grounds: first, because both are most effectual in the earliest stage of the disease, when the pressure is greatest, and has not yet lasted sufficiently long to produce serious organic changes, and both are successful in proportion as the tension is permanently relieved; and secondly, because when the disease has lasted for a considerable period, and many of its more marked characteristics have passed away, and especially in those cases where the eye has regained its normal tension, though perhaps with extensive structural lesions, I am convinced that little good can be accomplished by either mode of operating.

It is well known that the tension of the globe was not overlooked by the older writers, and that the cornea has been tapped, or (as I have frequently heard Mr. Guthrie

order) large numbers of leeches have been applied, with the object of reducing this very symptom. The results of tapping were, however, but transient, and for this reason; the puncture of the cornea was made with a needle, allowing the escape of only a small quantity of fluid, whilst it was always introduced in a manner that in other parts of the body would have been termed valvular, or obliquely through the laminae. Immediate reunion consequently took place, and in a few hours the resecretion of the aqueous humour caused the intraocular pressure to be as great as before. I think both irideectomy and division of the sclerotic, in Mr. Hancoek's method, provide, and this is their great merit, against this rapid reunion. In iridectomy, the wound, through the junction of the cornea and sclerotic, is of large size; and its edges are, so to speak, contused and lacerated by the introduction of the forceps. A portion of the iris almost invariably remains in the wound at the close of the operation, acting as a tent, permitting a constant weeping or discharge of the continuously secreted fluids, and, by thus relieving the intraocular tension, materially aiding the vessels in recovering their natural state, on the disturbance of which the whole train of symptoms appears primarily to depend. In like manner, in Mr. Hancock's operation, a direct (not valvular) incision is made through the sclerotic, which, either from the presence of some elastic tissue, or possibly from the contraction of the ciliary muscle, retracts considerably, so that the wound assumes an oval, fusiform, or elliptical shape, through which, after the escape of the aqueous, the vitreous humour commonly protrudes, and from this also a discharge, or secretion, may be observed to flow for some days. I believe that a similar incision in any part of the sclerotic would be equally efficacious, providing the same retraction of the lips of the wound occurred, and am not disposed to attribute any especial advantage to the division in this or that direction of the ciliary muscle, or indeed to the division of the ciliary muscle at all. At the same time I think that the point where Mr. Hancock makes his incision is wisely chosen, since it avoids injury to the retina, and permits the escape of the aqueous as well as of the vitreous humours, thus very completely fulfilling the indication of relieving tension, whilst it possesses the additional advantages of not occasioning any disfigurement, and of not being followed, as far as I have seen, by any tendency to protrusion or hernia of the contents of the globe through cicatrix. In fine, seeing that both modes of operating are followed by a successful issue, that they agree in only one particular, the relief of intraocular tension, a very marked feature of the disease: that their

happy effects are intelligible upon this principle alone, and that in considering them as both fulfilling this indication, Mr. Hancock's operation is by very far the most simple and harmless, I must express myself very strongly in its favour, and were I unfortunately the subject of glaucoma, I should unhesitatingly submit myself to that operation in preference to iridectomy, on the grounds of its being far less dangerous in its performance, equally intelligible in its mode of action, and, so far as my experience has gone, quite as satisfactory in its results.

Evidence against the Internal Use of Mercury in Syphilis and other Diseases. By CHARLES DRYSDALE, M.D., F.R.C.S. Eng., M.R.C.P. Lond., Honorary Secretary to the Harveian Society, and Physician to the Farringdon Dispensary.

IT may assist us not a little in attempting to discuss a question of such intricacy as that of the administration of a confessedly dangerous drug, which is supposed to act as an antiphlogistic in some diseases, and as an antidote in others, if we clearly recognise at the outset the difficulties we shall have to encounter in proving it to possess either of these properties. These difficulties are inherent in the experimental or empirical method of conducting therapeutical inquiries, and are so insuperable as to render almost all the results of such inquiries nearly valueless. We are at no loss to comprehend the *rationale* of administering a purge, such as Epsom salts or rhubarb, in disease, because we know well that these substances have the effect of purging human beings when in health. We use chloroform and opium on the same theory, experiments having been made upon individuals in health. Such drugs, with a few others, and with external applications added, constitute the great body of our true acquisitions in the department of drug therapeutics; but, when we come to the so-called specific or antidotal action of drugs, the difficulty of judging of results becomes enormous; and it is not from any want of labour on the part of past medical observers that we now possess so few specifics, but simply because of the enormous difficulty of the inquiry.

Perhaps quinine in ague is the only undoubted specific we possess, after all that has been said as to the powers of iodine in scrofula, sarza and mercury in syphilis, and recently of saracenia in small-pox, and hypophosphites in consumption.

Mr. J. S. Mill, in his "Logic" volume 1, in a chapter on the method of experiment, shows how little we can expect from

this line of inquiry in medical science. He remarks that in chemistry, or other true experimental sciences, "we introduce the agent into the midst of a set of circumstances, which we have exactly ascertained. It needs hardly be observed how far this condition is from being realized in any case connected with the phenomena of life. . . . Anything like a scientific use of the method of experiment in these complicated cases is, therefore, out of the question." Mr. Mill is of opinion, that medicine will not make much advance as a science, until we cultivate it by the deductive method, *i.e.*, by the study of general laws, or conditions of health, instead of so exclusively attempting to discover specifics for disease.

It will be my endeavour in this paper to show, firstly, that mercury possesses only one undoubted action on the healthy person, that of a purge; and, secondly, that all that has been said by the empiric school, as to its virtues as an antiphlogistic and antisymphilitic, has been proved, by an appeal to the very experience they invoke, to be entirely erroneous. Mercury is, then, a purge; but, as we possess so many other purges, we have no need to use mercury for that purpose, particularly when we know that some persons become salivated by very small doses of the drug. If, then, the profession had nothing further to gain from mercury than its purgative effects, it would probably not remain long in the pharmacopœia. But in London and Dublin, where the influence of John Hunter and Colles still holds almost undisputed sway, the virtues ascribed to mercury are very numerous. In fact, in the eyes of many, it is the most important of all remedies. In Paris, again, mercury has gone out of fashion in all maladies, save in syphilis and iritis, two specialities, the doctrines of whose therapeutics are left to syphilographers and ophthalmists, to the great detriment of the unity of medical science. In Germany and in Scotland, mercury is now beginning to be very generally looked upon as utterly useless; and in Edinburgh some of the leading professors have entirely abandoned its use in all diseases without exception.

The effects of mercury on dogs have been noticed by Dr. Desruelles, who, in 1827, at the Hôpital Val de Grace, in Paris, administered it internally and by inunction. "Among those which had the metal rubbed in, salivation was observed as in man; amongst all were observed the alterations which are commonly attributed to syphilis. The teeth were shaken and almost all loose; the buccal mucous membrane and velum palati covered with aphthæ; the stomach and pharynx red and congested." Mr. Skey has related his experiences of frequent phagedaena, produced by the use of mercury in

VII. *On the Cæsarean Operation.* By M. VAN AUBEL.
(Presse Méd. Belge, Dec. 20th.)

M. Van Aubel, in a communication to the Belgian Academy of Medicine, proposes a modification in the performance of this operation, which he believes, by preventing the entrance of pus and blood into the cavity of the peritoneum, will materially lessen the danger of peritonitis. First, an incision is to be made along the median line comprising only the skin and fatty tissue down to the aponeurosis, from which these layers are to be separated by careful dissection to the extent of half-an-inch. The aponeurosis, with the peritoneum, is next incised, and then the uterus, care being taken during the extraction of the child to maintain the two serous surfaces in contact. This accomplished, the visceral peritoneum is to be dissected to the extent of half-an-inch, including with it as thin a layer as possible of the muscular substance, the two serous surfaces being kept closely applied to each other during the dissection, in order to prevent effusion of blood into the peritoneum. The wound and uterine cavity are to be cleansed with the greatest care. To the two dissected flaps of the uterus the sutures employed by Gély in wounds of the intestine are to be applied, serous membrane being thus brought into contact with serous membrane. The two lips of the divided peritoneum and aponeurosis are to be carefully brought into contact, and the two serous membranes united by means of the glover's suture. The external wound is to be united by the interrupted suture, and dressed as an ordinary wound. In this way the author believes adhesive inflammation and complete closure of the uterine and peritoneal cavities may be secured. To the objection that the dissection required renders the operation more difficult, the author replies that with a little additional time all proves easy enough; but at present he only speaks from dissecting-room experience.

VIII. *On Glaucoma.* By Dr. LEIBREICH. (Gaz. des Hôp., 1863, No. 152.)

In a lecture upon glaucoma, Dr. Leibreich thus expresses himself respecting iridectomy, about which we have had of late so sharp a controversy: "I say that this procedure cures all forms of glaucoma, and that in this sense it has far surpassed the hopes of Von Graefe, announced at first with much caution; but I do not mean by that to say that by its aid we can cure every case of glaucoma, no matter at what stage the disease may have arrived. On the contrary, the prognosis is very different according to the period of the disease. Iridectomy induces the disappearance, why we know not, of the inflammatory symptoms and of the increased intra-ocular pressure; and the effect of the operation is the more striking in proportion as these symptoms are more marked. Perform it in cases of hyperacute glaucomatous choroiditis, without fearing to add an artificial lesion to an existing ophthalmia, and you will find all the inflammatory symptoms disappearing, and the well-nigh extinct vision returning to its normal state—a result not obtainable by the most energetic employment of every description of antiphlogistic. But you must not hesitate nor wait until the intra-ocular compression, cutting the continuity between the retina and the nerve, works its mischief on the papilla of the optic nerve. There are cases, happily not common, in which the effect of the disease is so violent that this destruction may be produced after some weeks; and in such cases it is of importance to perform the operation, if possible, during the early days, for every day's delay exerts its effect upon the favourable result. In cases in which the inflammation pursues a slower course, after the operation you find the periodic exacerbations of the disease disappear, the patient

preserving his actual amount of vision, or even regaining that which he had latterly lost, especially in the attack during which you operated.

In cases of simple glaucoma, unaccompanied by manifest inflammation, you must remain contented with preserving for the patient the vision he still possesses, and saving him from that complete and incurable blindness with which without this operation he would be certainly menaced. The prognosis is very different, then, according to the period at which the operation is performed, and it must be based especially upon two points. It will be favourable, all things being equal, in proportion to the amount of inflammatory action and intraocular pressure present; and to the remaining integrity of the field of vision, the patient only regaining that which he has but recently lost. An ophthalmoscopic sign is of great importance in deciding prognosis, and this consists in an extremely delicate line which constitutes the limit between the remainder of the nervous substance and the portion of the vitreous body involved in the excavation of the pupil. The observation of this line enables us to appreciate the amount of nervous fibres which have resisted the destructive effect of the disease, and the amount of retina yet remaining intact.

SUMMARY.

Acupressure.—Hamilton on Employment of Acupressure. (Edinb. Med. Journ., Jan. With a Discussion.)

Amaurosis.—Lancereaux on Amaurosis from Degeneration of Optic Nerves in Cerebral Disease. (Archives Gén., Jan. and Feb.)

Amputation.—Porter on Amputation through the Condyles of the Femur. (Dublin Journal, Feb.)—Schuh on Cases of Amputation by Gritti's Method. (Wien. Wochenschrift, No. 1. This consists in sawing through the condyles of the femur, and adapting the patella as a flap.)—Beck, Statistics of Amputations and Excisions. (Langenbeck Archiv, vol. v. No. 1. A statistical account of 74 cases of amputation, 77 disarticulations, and 44 excisions, or a total of 195 cases, 22 of the number proving fatal, as a consequence of the operation.)

Aneurysm.—Gayet, a Case of Arterio-Venous Aneurysm. (Gaz. Hebd. No. 11. A well detailed case, with autopsy, of an example of aneurysm involving the femoral profunda artery and vein.)—Corneo, Case of Subclavian Aneurysm. (Gaz. Med. Lombardia, No. 3 and 4. A case of traumatic aneurysm of the subclavian, for which the subclavian and common carotid were simultaneously tied, fatal secondary hæmorrhage occurring eight days afterwards.)

Anus.—Lemaistre. (Gaz. des Hôp., No. 14. Case of Imperforate Anus successfully treated by the Trocar.)

Cataract.—Küchler, Application of the Binoculus after Extraction. (Deutsche Klinik, 1863, Nos. 47, 48.)

Dislocation.—Holm, Cases of Paralysis after Dislocation of the Humerus. (Schmidt's Jahrb., Jan. p. 82.)

Ear.—Triquet, Discharges of Blood from the Ear. (Gaz. des Hôp., No. 7. A review of the various circumstances under which this takes place.)—Lucæ, Contributions to the subject of Disease of the Ear. (Virchow's Archiv, vol. xxix. No. 1. An elaborate essay on the pathology of the ear, with critical remarks on the works of Toynbee, v. Troeltsch, and Voltolini.)

Elephantiasis.—Ballingall, Operation for Elephantiasis Scroti. (Trans. of Bombay Med. Soc., No. 8, p. 231. In continuation of a former paper, and referring to 10 additional cases, making in all 24 cases of operation with 2 deaths.)

Excision.—Porter, Case of Excision of the Ulna. (Dublin Journal, Feb.)—

